

# Medicare and Other Insurance for People with Disabilities

## **Becoming Eligible for Medicare:**

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When you are entitled to Social Security disability benefits for 24 months, you are eligible for Medicare beginning the 25<sup>th</sup> month. An exception applies if you have been diagnosed with Amyotrophic Lateral Sclerosis (ALS) also known as Lou Gehrig's disease. If you have ALS, Medicare begins the first month you are entitled to Social Security disability benefits.

If you have questions about your Medicare eligibility and enrollment, you should contact **1-800-772-1213** or your local Social Security Office.

### **Provide them with this information:**

- When your disability benefits began.
- Whether you or a family member is working for an employer with 100 or more employees, and whether you are covered by the employer group health plan (EGHP).

### **Ask these questions:**

- Will Medicare pay first or will other insurance I have pay first?
- Should I sign up for Medicare Part B?
- If I do not sign up for Medicare Part B, will I have to pay a penalty later?

❖ If you are told you do not need to sign up for Medicare Part B, ❖  
ask Social Security to send that decision to you in writing.

If you have questions about information in this factsheet, call  
the Senior Health Insurance Information Program (SHIIP):

**1-800-259-5301**

## Enrolling in Medicare

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### Automatic for Most People:

Generally, enrollment in Medicare Part A and Part B is automatic. If you are receiving disability benefits, you will receive a Medicare card showing the date your Medicare benefits begin.

You receive **Medicare Part A premium-free**. The premium for Medicare Part B is \$58.70 per month (2003). You need both Medicare Part A and Part B for the best coverage. However, you may choose to defer Medicare part B if you are covered under an employer group health plan with 100 or more employees. If you choose to defer Part B it may be possible to pick it up later without penalty (see below).

### Enrollment When Covered by an Employer Plan:

Employers with **100** or more employees are required to continue your health insurance coverage. **You must be currently employed** or covered under an employer group health plan of a **family member who is currently employed**.

As long as employment continues and the employer has 100 or more employees, the employer group plan will pay first for your health care. Medicare will be a second payer. You can wait to enroll in Part B until you or your working family member is no longer actively employed. You have up to eight months to enroll in Part B after you or your family member quits working.

## Benefit Options When You Have Medicare

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### Original Medicare with Supplemental Insurance:

With Original Medicare, you share in the cost of your health care. Most people like to have supplemental insurance to pay some deductible and coinsurance amounts.

- **Medicare Supplement Policies:**

In Louisiana, all Medicare beneficiaries have an open enrollment into Medicare supplement insurance, **REGARDLESS OF AGE**, the first six months your Medicare Part B is effective. These companies responding to our survey are listed in the current *Louisiana Medicare Supplement Comparison Guide* available from SHIIP at **1-800-259-5301** or on-line at [www.lti.la.gov](http://www.lti.la.gov). All plans available are guarantee issue if you are in your open enrollment period. That means they must accept you; however, these plans may be expensive.

**At age 65 you will have another six-month open enrollment period.** Again, you can't be turned down for any plan being sold. You can't be charged a higher premium because of any health conditions.

If you become covered by an employer group health plan, you can suspend your Medicare supplement policy indefinitely.

- **Employer Insurance:**

If you continue to be covered under an employer group health plan after you or your family member quits working, the employer plan can supplement Medicare. It will pay after Medicare pays. These plans may have drug coverage and other benefits not available in Medicare supplement policies. (Also, see **COBRA**, p.5.)

## **Medicare+Choice Plans:**

You may choose to receive your Medicare Part A and Part B benefits through a Medicare+Choice Plan. The plan has a contract with Medicare to handle your Medicare Part A and Part B benefits for you. **You do not need a Medicare supplement with these plans.**

Any of these other Medicare health plan covers **all the same services as Original Medicare**. Plans often cover additional services such as prescription drugs, routine physicals and vision services.

Some Medicare+Choice plans require a premium; others have no premium. Benefits begin from the first day the plan is effective for you.

Plans operate in different ways, and your costs with each plan will differ. You may pay a deductible, a set copayment amount or a percentage of the cost for services. You do not need a Medicare supplement when enrolled in one of these Medicare health plans.

**❖ A Medicare+Choice plan has to take you if you are on Medicare because ❖  
of disability, have both Medicare Part A and Part B and not diagnosed with  
End Stage Renal Disease (ESRD).**

- **Medicare+Choice Plans in Louisiana:**

**Medicare HMO coverage is available to people who live in**

Ascension, East Baton Rouge, Jefferson, Livingston, Orleans, Plaquemines, St. Bernard, St. Charles and West Baton Rouge parishes and the immediate Slidell vicinity. At present, neither of the Medicare HMOs charges a premium.

The HMO has a restricted network of doctors, hospitals and other providers of health care services. You are required to go to the HMO's network providers. The HMO will not pay for care received outside the HMO except when they refer you, or you need emergency or urgent care.

**Medicare PPO coverage is available to people who live in**

Jefferson, Orleans and Plaquemines parishes and the immediate Slidell vicinity. At present, the Medicare PPO charges a premium of \$85 per month

Like other types of Managed Care Organizations, The Medicare PPO must cover all Medicare Part A and Medicare Part B services offered under original Medicare and covers some additional benefits. The PPO maintains a network of contracted providers but allows members greater flexibility to leave the network. Members are not required to select a Primary Care Physician (PCP).

**Medicare Private Fee-For-Service coverage is available in all parishes except:** Evangeline, Grant, Jefferson, Lafourche, Orleans, Ouachita, Rapides, St. Charles, St. James, St. John the Baptist, St. Tammany and Terrebonne. At present, the Medicare PFFS plan charges a premium of \$98 per month

You can go to any Medicare provider anywhere in the U.S. any time without a referral. Doctors and hospitals decide if they will treat patients covered by the Medicare Private Fee-for-Service plan. The provider will receive the same payment as the amount approved under Original Medicare.

### **Veterans Prescription Drug Program:**

Any veteran with an honorable or general discharge may be eligible. You can get prescription drugs free or for a small copayment amount. For more information contact your nearest VA facility or call toll-free 1-877-222-8387.

## **Assistance if You Have Limited Income and Resources**

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### **Medicaid**

Income limits change for most programs each year. Adjustments are made for some types of income. If you think you might be eligible, you can apply at your parish Medicaid office.

### **Medicare Savings Programs:**

To be eligible for these programs, your resources must be less than \$4,000 for an individual or \$6,000 for a couple. Resources do not include your home, car or household belongings.

<b>If your monthly income is: (Amounts effective April 1, 2003)</b>		<b>Medicare Savings Programs May Pay</b>
Less than \$769 (Individual)	Less than \$1,030 (Couple)	Your Medicare premiums, deductibles and coinsurance. You must use doctors who participate with Medicaid.
\$769-1,017 (Individual)	or \$1,030-1,364 (Couple)	Your Medicare Part B premium. (58.70 per month in 2003)

### **SSI (Supplemental Security Income):**

This program covers all your medically necessary health care including, prescription drugs and vision, hearing and dental care. The income limit for 2003 is \$545 for one and \$817 for a couple. Your resources must be less than \$2,000 for one and \$3,000 for a couple.

### **Medically Needy Program:**

You may qualify for this program if you have high medical expenses not covered by insurance. Medical expenses are subtracted from your income to see if you meet the limit of \$552 income per month. Your resources cannot exceed \$1,000.00 for a single household and \$3,000.00 for a married couple. The outstanding medical bills that will be considered are those obtained the month of application and three months prior. There are also other criteria that is considered to establish eligibility.

## **Other Insurance Options**

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### **COBRA**

If your employer group health coverage ends because you or a family member quits working, you may be able to continue coverage for up to 29 months by paying the premium yourself. When you become eligible for Medicare Part A, your COBRA coverage will end. You will need to enroll in Medicare Part B. If you don't enroll in Part B at this time, you may pay a higher premium later.

If you already have Medicare on or before the date you become eligible for COBRA, you may continue Medicare along with COBRA coverage.

## **If You Go Back to Work**

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### **Continued Eligibility for Medicare Part A:**

You may remain eligible for Medicare Part A if you go back to work, as long as you are considered disabled. It may be possible for Part A to be **premium-free for up to 8 ½ years**. After 8 ½ years, you can continue Medicare Part A by paying the premium. It is \$316 per month in 2003. Medicaid may pay that premium if your income is below 200% of the federal poverty level.

You can continue to be enrolled and pay the premium for Medicare Part B as long as you are enrolled in Part A. If you have employer health benefits and don't need Part B, you may be able to drop it and enroll later if necessary. Call 1-800-772-1213 or your local Social Security Office with questions.

### **Medicaid for Employed Persons with Disabilities:**

This program allows those under age 65 with disabilities to work and to have access to Medicaid assistance. You must have earned income from employment. Contact your local Social Security office for more information regarding eligibility.

## SHIIP Can Help:

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The Senior Health Insurance Information Program or SHIIP is an objective source of information. SHIIP doesn't sell insurance or make recommendations, but SHIIP does have factsheets on all the Medicare choices available to you. We will help you understand your options and refer you to other sources for additional assistance when needed.

You can meet with a SHIIP insurance counselor for confidential individual assistance. All information and counseling services are free.

### Contact SHIIP through the following:

- Website: [www.ldi.la.gov](http://www.ldi.la.gov)
- Toll free: 1-800-259-5301



**1-800-259-5301**  
(225) 342-5301  
in Baton Rouge

The Senior Health Insurance Information Program (SHIIP)  
is funded, in part, by a grant from the  
Centers for Medicare and Medicaid Services (CMS),  
the Federal Medicare agency.